

## Defense Systems Management College

# Transcript/Verification of Course Attendance Request

*Please complete ALL areas, tear along perforation, fold, and mail. Be sure to print legibly or type.*

Requester/Student Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
(Include Maiden Name if Applicable)

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Commercial)

\_\_\_\_\_ Phone: \_\_\_\_\_  
(DSN)

☐ Official Transcript (Available for APMC/PMC only)

☐ Mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ FAX to: Comm \_\_\_\_\_

DSN \_\_\_\_\_

☐ Verification of Attendance (Available for all courses)

☐ Mail to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ FAX to: Comm \_\_\_\_\_

DSN \_\_\_\_\_

*Please complete the following for EACH course.*

Title	Number/ Offering	Location Taken	Dates

Mail to address on the reverse or Fax to Comm (703) 805-3983/3709, DSN 655-3983/3709. If more room is needed to list courses, use an attachment.

Please allow 2 weeks for processing. Should you have any QUESTIONS, please call DSN 655-2850/2146, Comm (703) 805-2850/2146, or toll free 1-888-284-4906.

PRIVACY ACT STATEMENT: AUTHORITY: 10 USC 8012; E.O. 9397. PRINCIPAL PURPOSE: To request mailing of student's official DSMC transcripts. ROUTINE USES: To authorize transmittal of official transcripts to agencies designated by student. Faculty and staff of DSMC and other federal agencies having a need to know may refer to this record in the performance of their official duties. The SSN is used to make positive identification of individual and record. DISCLOSURE: Disclosure is voluntary; however, failure to provide the information will result in the designated agency not receiving transcripts as requested by the student.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_